

SERVSAFE® REGISTRATION FORM

Please submit a registration form for each participant.

Organization: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone Number: () _____

Participant Name: _____

2005 ServSafe® Class Dates *(please check your class date preference):*

April 6 & 7, 2005 _____ **October 26 & 27, 2005** _____

June 21 & 22, 2005 _____ **February 8 & 9, 2006** _____

August 24 & 25, 2005 _____

A non-refundable deposit of \$50.00 must be received to guarantee a spot in the class, and classes are filled on a first come-first serve basis. Total registration fee (non-refundable once received) must be received 10 days before the class date.

Deposit (non-refundable) to Reserve a Space (\$50.00): _____

Remainder of Fee (\$75.00): _____

Total Amount Included (\$125.00 per person): _____

Make check payable to Cincinnati Health Department

Mail this Registration Form and Check or Money Order to:

Cincinnati Health Department

3845 Wm. Dooley By-Pass

Cincinnati, Ohio 45223

Attn: Ken Sharkey, RS

Phone: 513-564-1761